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Article:
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Key components of SSA palliative care delivery (independent of model of delivery)

1 Client education & behaviour change communication
   - Receive referrals
   - Initiation of palliative care
   - Needs assessment (physical, psychological, social, existential)

2 Sensors & point-of-care diagnostics
   - e.g. drug dosing information, emergency support

3 Data collection and reporting
   - e.g. pain, symptom and quality of life measurement

4 Electronic health records
   - e.g. automatic registration of patients by community health workers and health professionals

5 Electronic decision support (information, protocols, checklists)
   - e.g. health professional support for patient management and treatment

6 Patient-to-provider communication
   - 1 3 5 e.g. phone-based consultation about condition

7 Provider-to-provider communication
   - e.g. telephone consultation between community volunteers, community teams and hospital teams

8 Registries / vital events tracking
   - e.g. operational service information submission (population, staffing, funding)

9 Provider workplanning & scheduling
   - e.g. patient visit planning, informing of pain medication levels required for community visits

10 Provider training and education
   - 4 e.g. health professional palliative care training

11 Human resource management
   - e.g. registration and tracking of community volunteer workers

12 Supply chain management
   - e.g. drug verification and delivery

13 Financial transactions & incentives
   - e.g. incentives payment to community volunteer workers

Cyclical and multidirectional stage requiring a dynamic approach

Key (for identified articles from the systematic review represented as numbers):
3 = Nwagwu WE et al. 2013. ICT and collaborative management of terminal cancer patients at the University College Hospital, Ibadan, Nigeria. *Health and Technology*, 3, 309-325.